Beck's Cognitive Therapy

Dr. Suruchi Singh

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Aaron Temkin Beck (July 18,1921–Nov 1, 2021)

- Dr. Aaron T. Beck is globally recognized as the father of Cognitive Behavior Therapy (CBT) and one of the world's leading researchers in psychopathology.
- He is credited with shaping the field of mental health, and *The American Psychologist* has called him "one of the five most influential psychotherapists of all time."
- His contributions to the field of mental health and the tangible impact he had on the lives of so many people are astonishing.
- A prolific theorist, scientist, researcher, and writer, he authored or co-authored 25 books and published over 600 articles in his lifetime.
- He was an Emeritus Professor of Psychiatry at the University of Pennsylvania, where he worked on developing and testing his theories for almost 70 years.
- He also served as President Emeritus of the Beck Institute, where he inspired a generation of CBT practitioners and trainees with his wisdom, humor, and grace.

Beck Early Life and Career

- Aaron Temkin Beck was born on July 18th, 1921, in Providence, Rhode Island.
- He graduated from Brown University in 1942 and Yale Medical School in 1946.
- He then served as a fellow in psychiatry at the Austin Riggs Center in Stockbridge, MA, and later as Assistant Chief of the Department of Neuropsychiatry at the Valley Forge Army Hospital in Valley Forge, Pa., before taking up a teaching position at the University of Pennsylvania.

Beck Early Life and Career

- As a young psychiatrist, Dr. Beck endorsed the dominant psychotherapeutic modality at the time, psychoanalysis, and even underwent analysis himself.
- He came to believe that in order for the medical community to take psychoanalysis seriously, it must be validated by research.
- He subsequently began conducting research into the psychoanalytic construct of depression.

Development of Cognitive Behavior Therapy

- Albert Ellis (1913-2007)
  - Rational-Emotive Behavior Therapy (REBT)
- Aaron Beck (1921- 2021)
  - Cognitive Therapy
- Donald Meichenbaum
  - Cognitive Behavior Modification
    - ***Stress Innoculation Training*** **and** ***Self-Instruction Training***
- ***More than 20 different theories labeled cognitive or cognitive-behavioral***

Development of Cognitive Behavior Therapy

- Although he expected his research into the psychoanalytic construct of depression to validate the tenets of psychoanalysis, Dr. Beck was surprised when his initial studies with depressed patients seemed to refute its underlying theories.
- His work with depressed patients led him to develop a new theory of depression, one focused on underlying negative beliefs associated with loss and failure, rather than the psychoanalytic theory that depression is the result of hostility turned toward the self and that depressed patients have an innate need to suffer.
- Dr. Beck's patients expressed spontaneous, negative thoughts, which he eventually termed "automatic thoughts." Adopting a collaborative role with his patients, Dr. Beck helped them evaluate the validity and utility of their automatic thoughts and cognitive distortions.

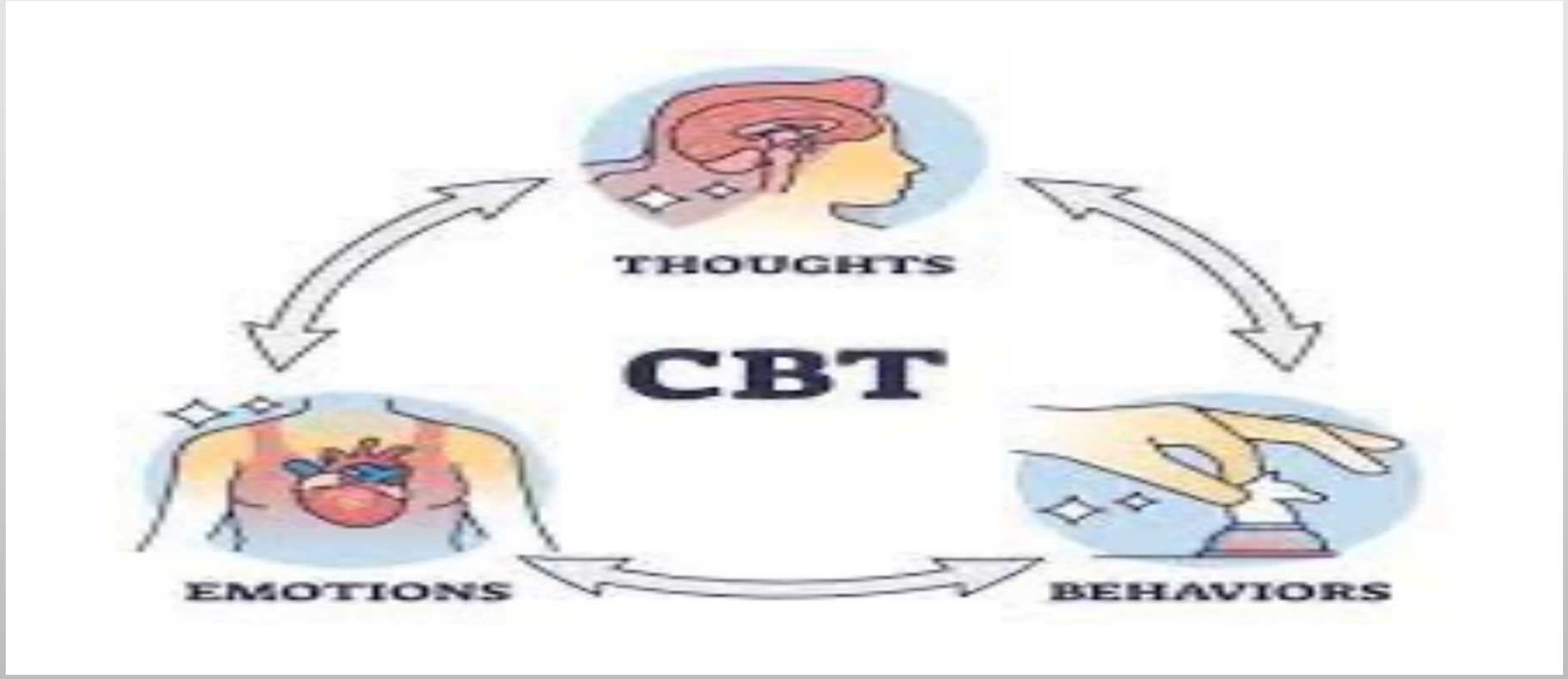
Development of Cognitive Behavior Therapy

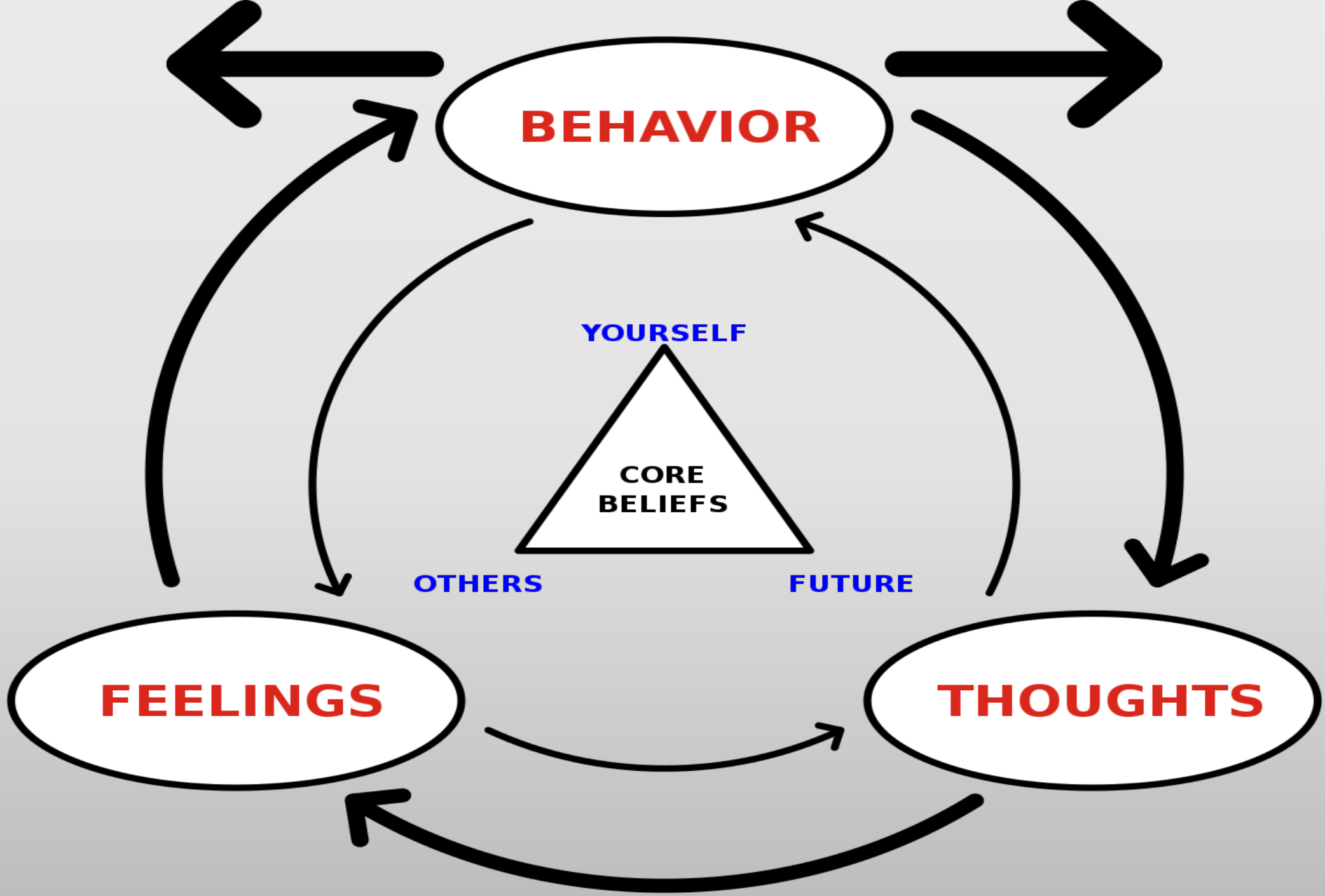
- He found that his patients' thoughts about a situation influenced their reactions—more so than the situation itself, a construct he termed the "cognitive model."
- He helped his patients change the way they thought about situations and engage in more adaptive behaviors, which helped them feel better.
- He also worked with them to address underlying maladaptive beliefs about themselves, others, the world, and the future.
- He called his new therapy "Cognitive Therapy," which was later termed Cognitive Behavior Therapy, or CBT.

Cognitive behavior therapy (Beck)

- Cognitive therapy is based on the cognitive model, which states that thoughts, feelings and behavior are all connected, and
- that individuals can move toward overcoming difficulties and meeting their goals by identifying and changing unhelpful or inaccurate thinking, problematic behavior, and distressing emotional responses
- This involves the individual working collaboratively with the therapist to develop skills for testing and modifying beliefs, identifying distorted thinking, relating to others in different ways, and changing behaviors.
- A tailored cognitive case conceptualization is developed by the cognitive therapist as a roadmap to understand the individual's internal reality, select appropriate interventions and identify areas of distress.

- Cognitive behavior therapy is based on the idea that how we think (Cognition), how we feel (Emotion) and how we act (Behavior) all interact together.
- Specifically, our thoughts determine our feelings and our behavior. Therefore, negative and unrealistic thoughts can cause us distress and results in problems.
- When a person suffers with Psychological distress, the way in which they interpret situations becomes skewed (sudden change of direction in a inaccurate, unfair, or misleading way), which in turn has a negative impact on the actions they take.




BEHAVIOR
YOURSELF
CORE
BELIEFS
OTHERS
FUTURE
FEELINGS
THOUGHTS

Beaming Health

Thoughts

How we think affects
how we feel and act

Cognitive Behavioral Therapy

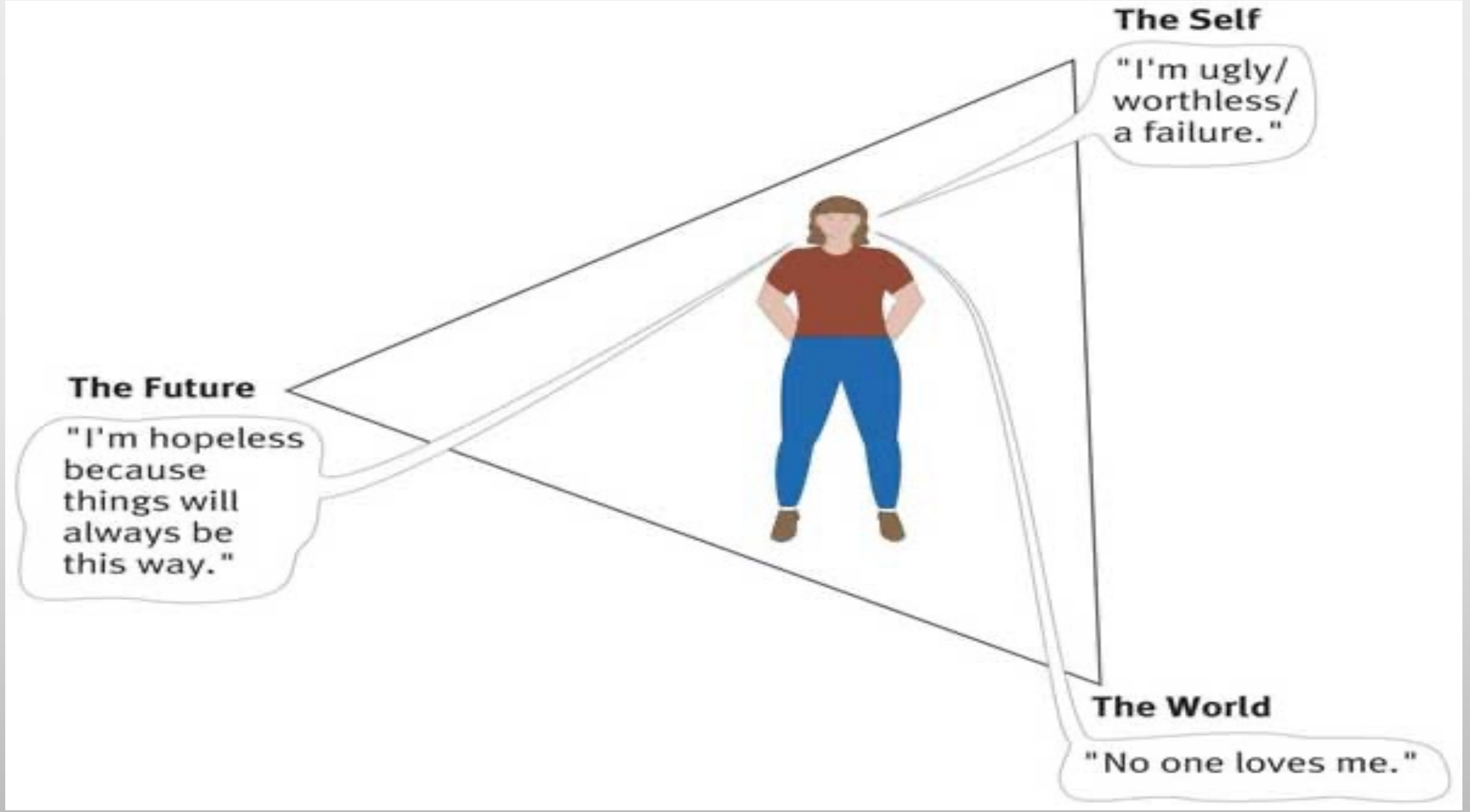
Behaviors

How we act affects
how we think and feel

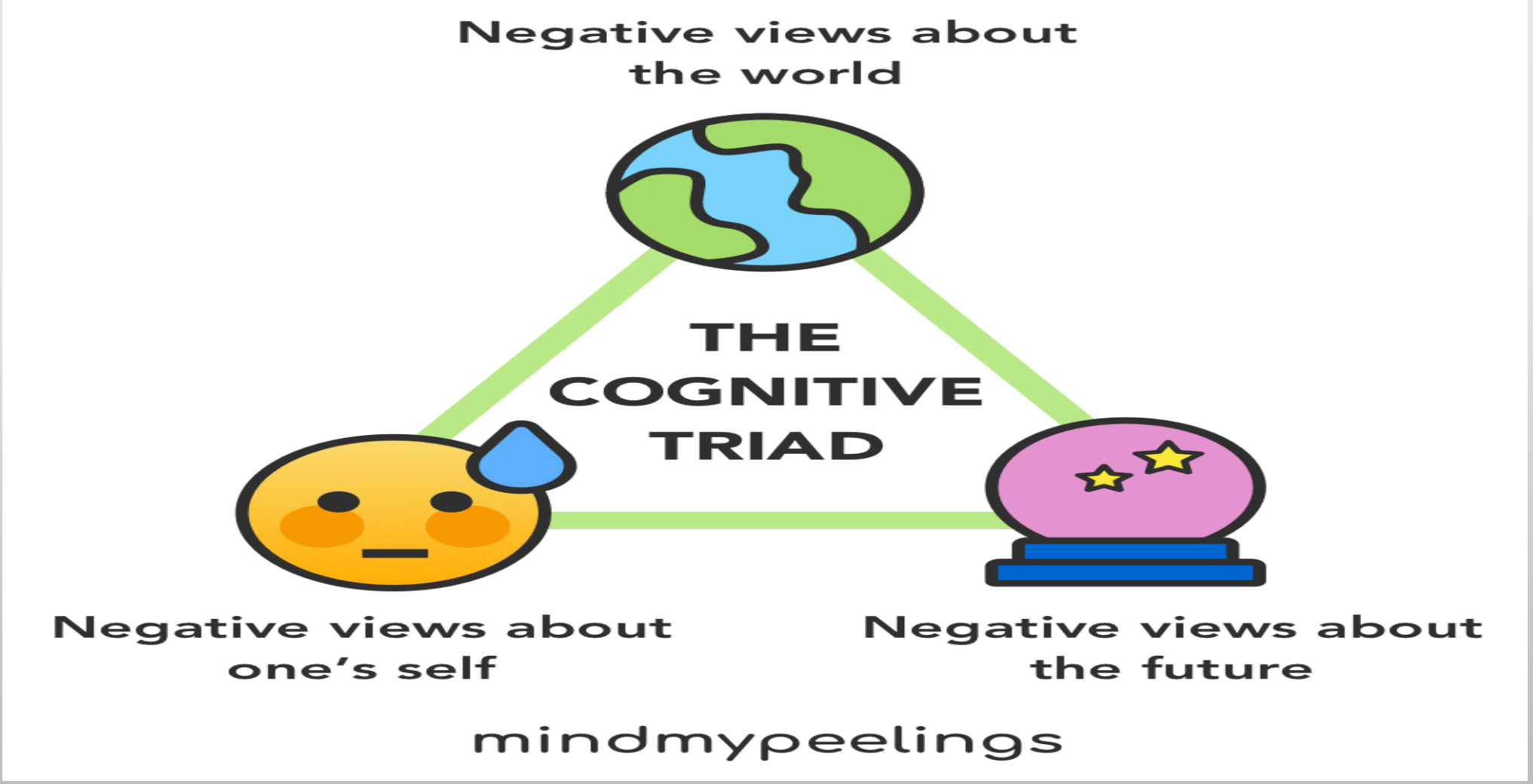
Feelings

How we we feel affects
what we think and do

- Beck's cognitive triad, also known as the negative triad, is a cognitive therapeutic view of the three key elements of a person's belief system present in depression.
- It was proposed by Aaron Beck in 1976. The triad forms part of his cognitive theory of depression and the concept is used as part of CBT, particularly in Beck's "Treatment of Negative Automatic Thoughts" (TNAT) approach.
- The triad involves "automatic, spontaneous and seemingly uncontrollable negative thoughts"
- about:
  - The self
  - The world or environment
  - The future
- Examples of this negative thinking include:
  - The self – "I'm worthless and ugly" or "I wish I was different"
  - The world – "No one values me" or "people ignore me all the time"
  - The future – "I'm hopeless because things will never change" or "things can only get worse!


The Self
"I'm ugly/ worthless/ a failure."
The Future
"I'm hopeless because things will always be this way."
The World
"No one loves me."

The Cognitions cause distortions in the way we see things. Ellis suggested it is through irrational thinking, while beck proposed the cognitive triad.



- Building on the idea of maladaptive responses, Beck suggested people with depression become trapped in a circle of negative thoughts
- They have a tendency to view themselves, the world and future in pessimistic ways- the triad of impairments

CBT is Based on Cognitive Approach

- The Cognitive approach believes that abnormality stems from faulty cognitions.
- This faulty thinking may be through Cognitive deficiencies (lack of planning) or Cognitive distortion (processing information inaccurately).
- Beck proposes that those with depression develop cognitive distortions, a type of cognitive bias sometimes also referred to as faulty or unhelpful thinking patterns.
- Beck referred to some of these biases as "automatic thoughts", suggesting they are not entirely under conscious control.
- People with depression will tend to quickly overlook their positive attributes and disqualify their accomplishments as being minor or meaningless.
- They may also misinterpret the care, good will, and concern of others as being based on pity or susceptible to being lost easily if those others knew the “real person" and this fuels further feelings of guilt.

Beck Cognitive theory

- Beck's work on depression has led him to formulate six types of faulty thinking processes that seem to operate in most psychological disorders (Beck et.al.,1979, Beck and Weishaw,1989).

1. ABBITRARY INFERENCE- Arbitrary interference occurs when people draw conclusion about themselves or the world without sufficient and relevant information. The person who was not hired by a potential employer perceives himself "totally worthless" and believes that he will probably never find employment of any sort.

2. SELECTIVE ABTRACTION- Selective abstraction refers to conclusion drawn from very isolated details and events without considering the larger context. A depressed student who receives a C on an exam becomes depressed and gives up even though he or she may have A's and B's in all other courses. In this case, the student measure his or her worth by failure, errors and weakness rather than by success or strengths.

3. OVERGENERALIZATION- Overgeneralization is the process of holding extreme belief on the basis of a single incident and applying it to a different and inappropriate situation. For e.g- A depressed person who has relationship problems with her believe that she is a failure in all other types of relationships.

4. MAGNIFICATION AND EXAGGERATION- Magnification and exaggeration is the process of overestimating the significance of negative events. For e.g- experiencing shortness of breath will be interpreted as a major health problem.

5. PERSONALIZATION- Personalization is a process by which people relate external events to themselves when no objective basis for such a connection is apparent. A student who raises his hand in class and is not called on by the professor, may believe that the instructor dislikes or is biased against him.

6. POLARIZED THINKING- Polarized thinking is an "'all-or-nothing" approach to viewing the world. Things are perceived in extremes or in "good and bad", "either-or-' terms. For example- At one extreme is a student who perceives herself as "perfect" and immune from making mistakes, and at the other extreme is the student who believes that he is a total flop and incompetent. In both students, polarized thinking leads to irrational and dysfunctional beliefs and attitudes.

- People interact with the world through their mental representation of it. If mental representations are inaccurate or our ways of reasoning are inadequate then emotions and behavior may become disordered.
- CBT aims to help people becomes aware of when they make negative interpretations and of behavioral pattern which reinforce the distorted thinking. Cognitive therapy helps people alternative ways of thinking and behaving which aims to reduce their psychological distress.
- The idea is that the client identifies their own unhelpful beliefs and then proves them wrong. As a result, their belief begin to change. For Ex- someone who is anxious in social situation may be set a homework assignment to meet a friend at a restaurant for dinner.

- CBT can help a person to change how he/she think (Cognitive) and what he do (Behavior) and these changes in thinking (Cognition) and behavior can help to feel better.
- CBT has been shown to help with many different types of problems.
- These includes
  - Anxiety
  - Stress
  - Depression
  - Eating Disorders
  - Phobias
  - Post traumatic stress disorder, etc
- CBT may also help in problems like aggression, a low opinion of oneself or physical health problem like pain or fatigue.

- CBT can help to male sense of problem i.e helps in understanding problems by breaking them down into smaller parts.
- This makes it easier to see how they are connected and its affects.
- These parts are:
  - A situation- a problem, event or difficult situation.
  - From this can follow:
    - Thoughts
    - Emotions
    - Physical feelings
    - Actions
- Each of these areas can affect the others. How one think about a problem can affect how he feel physically and emotionally. What happens in one of these areas can affect all the others.

Cognitive Behavioural Therapy

Beck's Cognitive Therapy

•Stage 1
•Therapist & client agree on nature of problem & goals for therapy

Beck

Stage 2
Therapist challenges the client's negative thoughts

Client engages in behaviour between sessions in an attempt to challenge these negative thoughts

Aim is for client to realise thoughts are irrational. Homework = diary kept

Cognitive Behavioral Therapy Techniques

- It is a therapy which takes a psycho therapeutic approach to solve problems that are related to behaviors, dysfunctional emotions and cognitions by means of a systematic and goal-oriented procedure.
- The idea around which the CBT techniques have developed is that, OUR OWN and no external factors are responsible for the behaviors we exhibit and feelings we experience.
- The cognitive behavioral therapy techniques are time bound and the average number of sessions required to complete the therapy is 16-20.
- In order to select which technique to pursue at any given point in a session, clinicians consider at any variables, including the nature of the problem under discussion, their overall plan for the session, the stage of therapy, skills previously taught, patients' and therapists' goals, patients' current degree of distress

CBT Techniques

- Problem Solving: Problem solving is a central part of cognitive therapy treatment. Every patient brings real-life problems to therapy. At times, clinicians engage in straightforward problem solving with patients. Often, though, they need to help patients identify and respond to their distorted thinking before patient are ready to brainstorm options, examine their choices, and select a course of action. Clinicians assess the degree to which they need to teach patients problem-solving skills directly.

Define the Problem	The patient is struggling to maintain their walking program. Reasons given are pain and schedule conflicts.
Select a Goal	Adhere to the original treatment plan or establish a new goal.
List Alternatives	Walk in the morning before work or at lunchtime; decrease walking time but increase the number of sessions.
Select a Solution	The client chooses to walk for 15 minutes at lunch instead of after work.
Evaluate the Outcome	At follow-up appointments, discuss the change in program, encourage the importance of adherence, and adjust again as needed.

Graded Task Assignments

- Graded Task Assignment (GTA) is a CBT technique for turning overwhelming tasks into manageable achievements. In other words, see everything as stepby-step.
- This involves breaking a big goal into smaller goals that you put in the most logical, achievable order.
- Graded task assignment are especially important for depressed patients.
- Clinicians help patients break down seemingly insurmountable problems into component parts they can work on step-by-step.

Activity Monitoring

- Activity monitoring is often used with depressed patients. They keep a log of what they are doing each hour and rate either their mood during each activity or their sense of pleasure or mastery. This log can be invaluable in identifying activities that patients are engaging in too much or too little.

Daily Activity Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7am to 9am							
9am to 10am							
10am to 11am							
11am to 12pm							
12 to 1							
1 to 2							
2 to 3							
3 to 4							
4 to 5							
5 to 6							
6 to 7							
7 to 8							
8 to 9							
9 to 10							
10 to 12am							

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Giving Credit

- Many patients benefits from learning how to give themselves credit. Especially when patients are depressed, they focus unduly on the negative and fail to register the positive things they are doing. They tend to see their difficulties as being caused by an inherent character flaw instead of their illness. One way to help them see the broader picture is for them to note (preferably in writing) whatever they do that is even a little difficult for them but that they do anyway. Getting out of bed, performing their usual hygiene activities, getting to work on tome, calling a friend, and paying a bill are all activities that merit credit, if they were difficult for the patient to accomplish.

Functional Comparisons of the Self

- Functional comparisons of the self are an important skill for many depressed patients. Learning to compare themselves with how they were at their worst point reduces the hopelessness and self blame they experience when they (automatically) compare themselves with others who are not depressed, with how they were before they become depressed, or with how they wish they would be.

Activity Scheduling

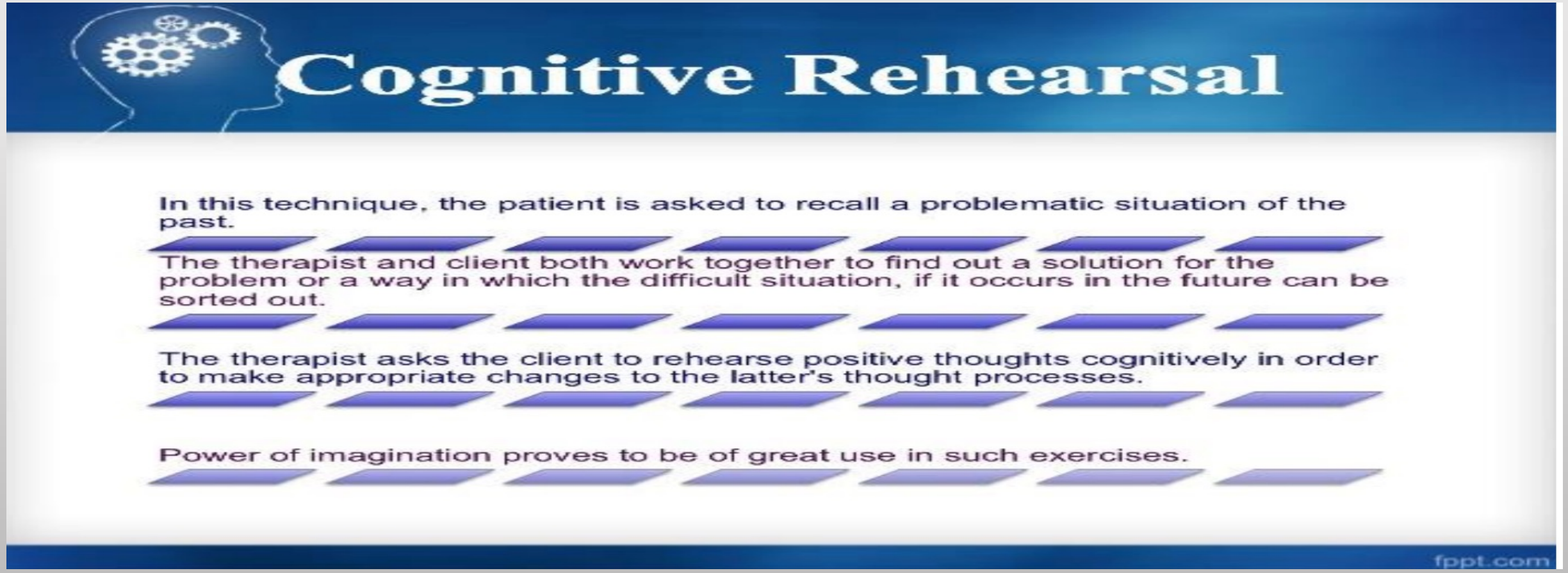
- Behavioral activation and activity scheduling are particularly important for patients who are relatively inactive or whose lives are disorganized. Depressed patients often believe that they should wait until they are feeling better before they attempt to engage in activities that can give them a sense of mastery or pleasure. However, these patients invariably find that their mood improves when they push themselves to engage in formerly pleasurable activities and to perform tasks from which they can derive a sense of accomplishment. Such efforts are especially important when patients simultaneously experience interfering negative thoughts.

Psycho-education:

- Psycho-education is a key element in cognitive therapy. Clinicians educate their patients about many aspects of therapy, including the symptoms of their disorder, how cognitive therapy proceeds, their mutual responsibilities as patient and therapist, the structure of the session, the importance of setting agendas, the need for honest feedback, and the cognitive model. Clinician often encourage patients to read cognitively oriented pamphlets and chapters of self-help books to reinforce what they learned in therapy.

Cognitive Rehearsal:

- In this technique, the patient is asked to recall a problematic situation of the past. The therapist and patient work together to find out the solution to the problem or a way in which the difficult situation if occurs in the future may be sorted out.


Cognitive Rehearsal
In this technique, the patient is asked to recall a problematic situation of the past.
The therapist and client both work together to find out a solution for the problem or a way in which the difficult situation, if it occurs in the future can be sorted out.
The therapist asks the client to rehearse positive thoughts cognitively in order to make appropriate changes to the latter's thought processes.
Power of imagination proves to be of great use in such exercises.
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Validity Testing:

- It is one of the CBT techniques in which the therapist tests the validity of beliefs or thoughts of the patient.
- Initially, the patient is allowed to defend his viewpoint by means of an objective evidence.
- The faulty nature or invalidity of the beliefs of the patient is exposed if he is unable to produce any kind of objective evidence.

Writing in a Journal

- It is the practice of maintaining a diary to keep an account of the situations that arise in day-to-day life.
- The thoughts which are associated with these situations and the behaviour exhibited in response to them are also mentioned in the diary.
- The therapist along with the patient reviews the diary/journal and finds out the maladaptive thought pattern and how do they actually affect the behaviour of an individual.

Cognitive Journal

Date:

Activating Event	Beliefs	Consequence	Disputing
1. The situation. 2. Initial thought.	1. Negative thinking. 2. Source of negative belief.	1. Consider the consequences.	1. Challenge your thinking. 2. Alternative thinking. 3. Positive belief and affirmation. 4. Action plan. 5. Improvement.

Guided Discovery:

- The objective/purpose behind using this technique is to help the patient and enable him understand his cognitive distortions. Guided discovery is a process that a therapist uses to help his or her client reflect on the way that they process information. Through the processes of answering questions or reflecting on thinking processes, a range of alternative thinking is opened up for each client

Modeling

- It is one of the cognitive behavioural therapy techniques in which the therapists performs role-playing exercises which are aimed at responding in an appropriate way to overcome difficult situations.
- The patient makes use of this behaviour of the therapist as a model in order to solve the problems he comes across.

• Homework:

- The homework is actually a set of assignments given by therapists to patients. The patient may have to take notes while a session is being conducted, review the audiotapes of a particular session or he may have to read article/books that are related to the therapy. Responding to Patients'

• Valid Thoughts:

- Sometimes patients' thoughts are valid. When patients' thought, clinicians usually do one or more of the following: problem solving, evaluating the patient's conclusion, or examining the utility of the thought.

• Weighing Advantages and Disadvantages:

- Another common technique when patients must make decisions is helping them identify, record, and perhaps weigh advantages and disadvantages.

Dysfunctional Thought Record

- The patients record their thought in a worksheet. This worksheet allows patients to record and res[pond to their thoughts in an organized way many patients use this worksheet not only during therapy but also for months and years after therapy is over, when they are overreacting to situations or developing early signs of their disorder. On the dysfunctional thought record, the first three columns after the date parallel the cognitive model: patients record their thoughts and emotions in specific situations. Patients are also instructed to note their degree of belief in each thought and the intensity of their emotion

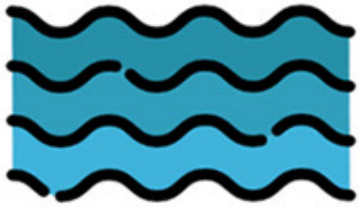
Dysfunctional thought record

Date/ time	Situation	Automatic thoughts	Emotions	Alternative response	Outcome
	1. What actual event or stream of thoughts, or daydream or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have>	1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time?	1. What emotions (sad, anxious, angry etc) did you feel at the time? 2. How intense (0-100%) was the emotion?	1. What cognitive distortion did you make? 2. Use questions at bottom to compose a response to the automatic thought(s) 3. How much do you believe each response?	1. How much do you now believe each automatic thought? 2. What emotion(s) do you feel now? How intense (0-100%) is the emotion? 3. What will you do? (or did you do?)

Date/Time	Situation	Negative Emotions (0-100)	Dysfunctional thoughts (0-100)	Alternative thought (0-100)	Emotions (0-100)
January,2020	At my interview day, I was waiting for driver for past 2 hours but the driver did not come	I was feeling restless and anxious, Lot of anxiety for my interview. I was frustrated and angry Towards my driver. (70)	If I miss my today's interview, then in future I'll never attempt any kind of interview. **(All or nothing)** I'm unlucky bad things always happens to me.**(Fortune telling)** (70)	I should not stuck on one thing. If I couldn't attend this interview, better opportunity may be present than this. Is it true that I'm unlucky every time? No, some great things had happened to me. (50)	Little bit relaxed, calm. But to some extend I'm sad for missing my first opportunity. (35)

Coping Cards

- Coping cards are really just therapy notes on index cards that patients can carry with them and read several times a day. Usually they contain responses to patients' key, recurrent automatic thoughts or behavioral instructions.



Take Deep Breaths

Journal

Talk About It

Take Deep Breaths

Breathe in slowly through your nose and hold the air in your lungs. When you are ready to release the air, put your lips together and pretend like you are blowing through a straw. Do this 20 times.

Stop and Listen

Get Moving

Write a Happy Ending

WORRY
Coping Cards

• Relaxation Training:

- Many patients, especially patients with anxiety, find relaxation training (e.g., imaginal exposure, muscle relaxation, meditation) or controlled breathing (especially those who tend to hyperventilate) useful.

• Response Prevention:

- Response prevention is used with obsessive-compulsive disorder patients to decrease their compulsive behavior, increase their anxiety tolerance, and test their predictions. Likewise, other patients with anxiety are encouraged to eliminate their use of safety behaviors (e.g., avoiding situations, trying to keep their emotions in check) that perpetuate their dysfunctional beliefs.

Modification of Underlying Beliefs

- Modification of underlying beliefs entails many techniques. Some techniques include examining advantages and disadvantages of holding a particular belief, developing more realistic, more functional beliefs, explaining faulty information processing, monitoring the operation of the schema, identifying alternative explanations for patients' experience when the belief has been activated, learning to recognize evidence that disconfirms the dysfunctional belief, using metaphors and analogies to help patients develop new perspectives, using rational- emotional role plays, and examining the developmental origin of beliefs.

- **Aversive Conditioning**

- Among the different CBT techniques used by therapists, the aversive conditioning technique makes use of dissuasion for lessening the appeal of a maladaptive behaviour. The patient while being engaged in a particular behaviour or thought for which he has to be treated, is exposed to an unpleasant stimulus. Thus, the unpleasant stimulus gets associated with such thoughts/behaviours and then the patient exhibits an aversive behaviour towards them.

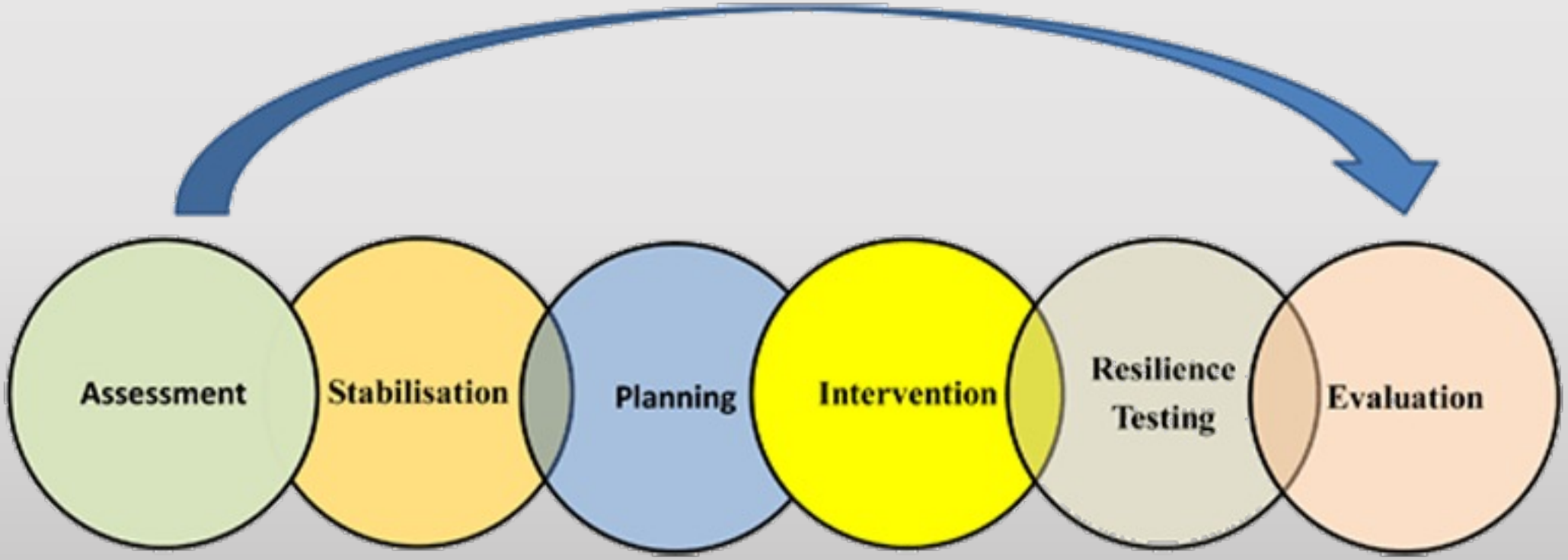
- **Systematic Positive Reinforcement**

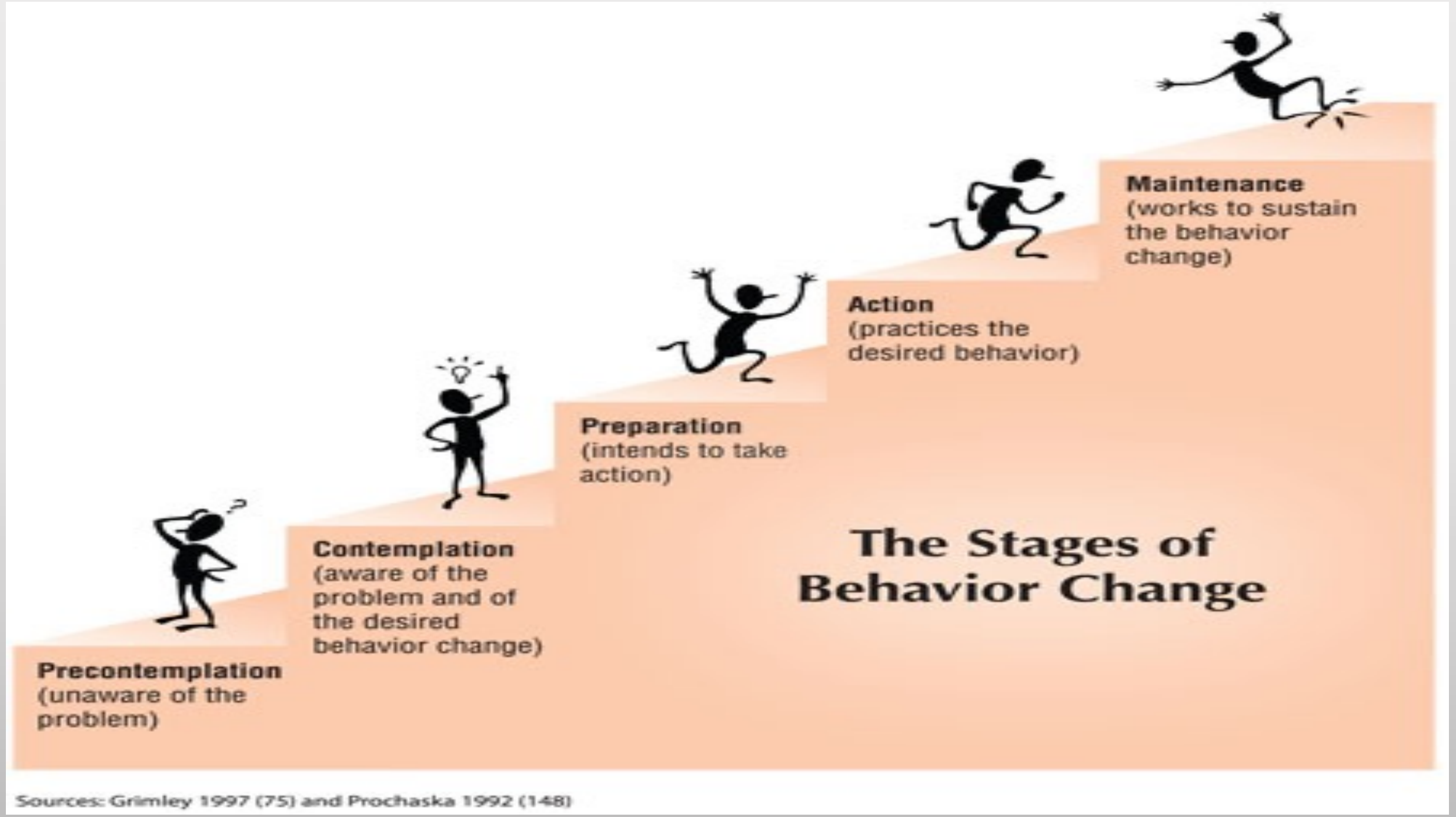
- The systematic positive reinforcement is one of the cognitive behavioural therapy techniques in which certain (positive) behaviours of a person are rewarded with a positive reinforcement. A reward system is established for the reinforcement of certain positive behaviours. Just like positive reinforcement helps in encouraging a particular behaviour, withholding the reinforcement deliberately is useful in eradicating a maladaptive behaviour.

- **Bibliotherapy**

- It is a technique in which clients complete readings dealing with the philosophy of cognitive therapy. According to Dattilio and Freeman (1992, 2007), these readings are assigned as an adjunct to therapy and are designed to enhance the therapeutic process by providing an educational focus.

Steps of CBT


Assessment
Stabilisation
Planning
Intervention
Resilience Testing
Evaluation

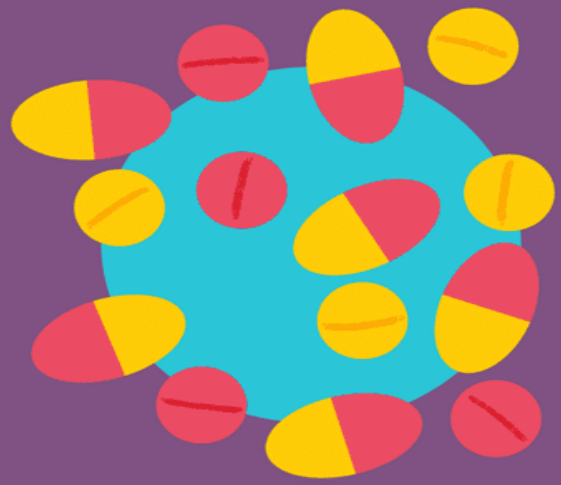

Maintenance
(works to sustain the behavior change)
Action
(practices the desired behavior)
Preparation
(intends to take action)
Contemplation
(aware of the problem and of the desired behavior change)
Precontemplation
(unaware of the problem)
The Stages of Behavior Change
Sources: Grimley 1997 (75) and Prochaska 1992 (148)

Disorders That Could Benefit From Cognitive Behavioral Therapy

Anxiety

Depression

Panic Attacks



Addictions

Eating Disorders

Anger

Phobias

verywell

THANK YOU